

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishn	nent Name			Telephone Number	Date of Insp	ection	PERMIT#
Crus	Shed	~	Fce Caterina	502-589-4100	(mm/44/m)		
Establishm	nent Addre	ess (na	mber and street, city, state, zip code)	190 2 30 7 7 700	17/4	121	TAO-
211	Ema	ΩÌſ	mber and street, city, state, zip code) 7 St Louisville, KY		11/1	1010	1280
Owner	,			Purpose:	Follow-up	Releas	Doto
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Owner's A	ddress) 	7 (3/109)	1. Routine	1 1	11_(^	
				2. Follow-up	Summary of	f Violation	18:
Person in C	Charge			3. Complaint	12	P	
- av	. –	A	gnew	4. Pre-Operational	CZZ	NC	
Responsibl		E-ma		5. Temporary	Manie Trans	Z0 - 1 1	<u> </u>
			_ ,	6. НАССР	Мени Туре	(зее васк	of page)
Certified F	ood Mana	ger		7. Other (list)	1 0		/ .
Hay	NEXEX	$\hat{\alpha}$	e Aanew Molaa		12	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		7	Го Ве Со	rrected By
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